

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4	1					
5		1				
6	1	1				
7		1				
8	1					
9	1	1				
10		1				
11		1				
12	1	1				
13		1				
14	1	1				
15	1	1				
16	1	1				
17	1	1				
18		1				
19		1				
20	1	1				
21	1	1				
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48						
49						
50						
TOTAL IND.	7		↓		↓	↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	26	1	1	1	1	1

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		1	1	1	1	1